

  
**syngenta***Duplicate for  
Science  
review*

455184-00

**Certified Mail**

October 12, 2001

Document Processing Desk [6(a)(2)]  
Office of Pesticide Programs (7504C)  
U.S. Environmental Protection Agency  
Crystal Mall 2 - Room 266A  
1921 Jefferson Davis Highway  
Arlington, VA 22202  
Attention: Kathryn Bouve

Dear Ms. Bouve:

<b>SUBJECT: SUBMISSION OF EPIDEMIOLOGY DATA FOR ATRAZINE TRIAZINES SPECIAL REVIEW DOCKET (OPP-30000-60)</b>
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In accordance with an agreement with the Agency regarding the enclosed report, Syngenta Crop Protection, Inc. is providing information on atrazine consistent with the Agency's current interpretation of FIFRA Section 6(a)(2) reporting requirements as it relates to potential adverse effects. Enclosed please find three copies each of a transmittal document and a single data volume that contains a follow-up epidemiological cancer incidence study of workers at the Syngenta St. Gabriel, LA manufacturing facility.

As the EPA noted in a recent (September 21, 2001) letter to Syngenta, there have been a series of six epidemiological studies of workers at our manufacturing facilities provided to the EPA since 1993. In the most recent submission in June of 2000, Syngenta noted that additional information on cancer incidence at the St. Gabriel facility would be provided at a later date. The enclosed submission fulfills that commitment.

In the enclosed report, which covers an extended evaluation period between 1985-1999 the overall incidence of cancer was not statistically higher when compared with the State of Louisiana nor to the area designated as the "Industrial Corridor" of

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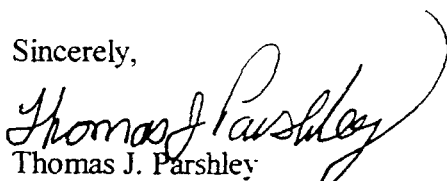
Louisiana. However, there was an increase in the detection of prostate cancer in comparison to either the State of Louisiana or the Industrial Corridor. The elevated incidence of prostate cancer seen can be, in large part, attributed to the fact that plant employees routinely received detailed and extensive medical surveillance, including over 90% with a PSA early screening test as part of their normal physicals. This very high screening rate greatly exceeds both the LA and the US average for male employees receiving PSA screening. As a consequence, prostate cancer was detected earlier in St. Gabriel employees than in comparison with populations without the benefit of extensive medical surveillance and PSA screening.

Furthermore, no correlation to atrazine exposure can be made. In fact, of the 14 former Novartis employees diagnosed with prostate cancer, 8 were employed in positions that did not involve atrazine exposure.

If these data were compared to similar populations with the same levels of screening (over 90% of the population), Syngenta believes that results would not show an increase in prostate cancer over that which would be expected. Nonetheless, Syngenta is committed to continuing a program to monitor the health status of workers at St. Gabriel. This would include ongoing routine medical surveillance, including PSA screening. Syngenta will also be examining the role of PSA screening in earlier detection of prostate cancer. This may include comparisons of these data to PSA screening and prostate incidence rates in highly monitored industrial and non-industrial communities.

If you have further questions or issues regarding matters contained within this submission, please do not hesitate to contact either Janis McFarland at (336) 632-2354 or myself at (336) 632-7207.

Sincerely,



Thomas J. Parshley  
Senior Regulatory Product Manager  
Regulatory Affairs

CC: Kimberly Lowe (EPA/SRRD)